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Bib Data Sheet

CONFIRMATION NO. 6817

<b>SERIAL NUMBER</b> 09/574,460	<b>FILING DATE</b> 05/18/2000  <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> 875.009US1					
<b>APPLICANTS</b>  Michael A. Apicella, Solon, IA;  Bradford W. Gibson, Berkley, CA; Nancy J. Phillips, Oakland, CA;									
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/134,756 05/18/1999 <i>4h.</i>									
<b>** FOREIGN APPLICATIONS *****</b> <i>4b</i>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged         </td> <td style="width: 10%; border: none; text-align: center;">           STATE OR COUNTRY IA         </td> <td style="width: 10%; border: none; text-align: center;">           SHEETS DRAWING 3         </td> <td style="width: 10%; border: none; text-align: center;">           TOTAL CLAIMS 17         </td> <td style="width: 15%; border: none; text-align: center;">           INDEPENDENT CLAIMS 3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY IA	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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<b>ADDRESS</b> 26191 FISH & RICHARDSON P.C. PO BOX 1022 MINNEAPOLIS , MN 55440-1022									
<b>TITLE</b> Production of complex carbohydrates									
<b>FILING FEE RECEIVED</b> 948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____
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